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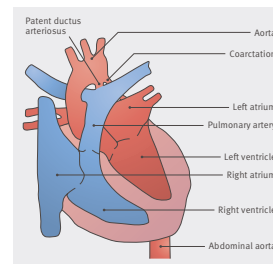
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ANTHONY BOLANT/REUTERS

PICTURE OF THE WEEK

This custom designed bicycle is used by a sperm bank company in Seattle to transport donated sperm in vacuum containers cooled by liquid nitrogen to fertility clinics.

THE WEEK IN NUMBERS

2.5 kg Mean difference in weight loss after one year in participants attending Weight Watchers compared with controls (Research, p 103)

£25 000 Estimate of yearly UK saving from renal transplantation per patient with end stage renal failure (Clinical Review, p 1055)

MOST READ ON BMJ.COM

Dietary fibre, whole grains, and risk of colorectal cancer

Comparison of range of commercial or primary care led weight reduction programmes with minimal intervention control for weight loss in obesity

Use of mobile phones and risk of brain tumours
Pathology reports solve "new bowel disease" riddle

Effect of exercise referral schemes in primary care on physical activity and improving health outcomes

QUOTE OF THE WEEK

“There is no scientific basis to this approach . . . ministers place so much faith in industry action—not only the food industry but the drinks industry, including soft drinks”

Geof Rayner, a member of the recently wound up government advisory group on obesity, on the policy of nudge (News, p 1021)

QUESTION OF THE WEEK

Last week we asked, “Do we need to curb population growth to improve global health?”

77% voted yes (total 1439 votes cast)

This week's poll asks, “Should doctors encourage people to donate a kidney to a stranger?”

See **HEAD TO HEAD**, p 1040

EDITOR'S CHOICE

Kidneys wanted

What might prompt someone to a starker altruism: donation of a kidney to a stranger? “Living non-directed altruistic kidney donation” now accounts for 3% of this country’s living donor kidney transplants

The number of people around the world on renal replacement therapy is growing, fuelled by the rising tide of diabetes and hypertension. According to the authors of this week’s clinical review, the current global figure, 1.4 million, is increasing by 8% a year (p 1055). Transplantation is the best option, they conclude, both for the patient and for healthcare budgets, and the good news is that rates of transplantation are going up and the number of people waiting for kidneys has fallen.

Still, about 7000 people are currently waiting for kidneys in the UK, and each year 300 of them will die waiting. As for the kidneys, not all are equal. As the clinical review explains, the best outcomes, in terms of how quickly a new kidney starts working and how long it lasts, are reported from pre-emptive transplantation (before dialysis becomes necessary) using a kidney from a living donor. These kidneys come mostly from donors who are either genetically or emotionally linked to the recipient. And because this link doesn’t guarantee that the kidney will be compatible, a range of creative schemes is now in place that brings together two or more donor-recipient pairs—the donor donates a kidney to the pool and their relative or friend receives a different, more compatible one.

The altruism of such an exchange is softened by the emotional ties of kinship or friendship. What, then, might prompt someone to a starker altruism: donation of a kidney to a stranger? The first such exchange in the UK took place in 2007, and “living non-directed altruistic kidney donation” now accounts for 3% of this country’s living donor kidney

transplants. Last week saw the launch of a new charity campaign, Give a Kidney: One’s Enough (www.giveakidney.org), which aims to push this contribution up. The *BMJ* must declare an interest: the campaign has been chaired by our News editor, Annabel Ferriman, who wrote about her experience of donating a kidney to a friend (*BMJ* 2008;336:1374).

How should doctors respond to this small but growing trend? Should they actively encourage their patients to give a kidney, just as they might encourage them to give blood? Walter Glannon thinks not (p 1040). It’s unethical, he says, because it contravenes the doctor’s primary obligation to protect their patients from harm. The risks are small compared with other surgical procedures, but they are not zero. One in 3000 donors will die, the figures suggest, and one in 10 will have some form of perioperative or postoperative complication. Antonia Cronin makes a good attempt at arguing the other side of this head to head debate (p 1040). Who could disagree with her closing words: “if something is not wrong to do but actually a good thing, then it cannot be wrong to encourage the doing of it.” But I am with Glannon when he says that it would be “ethically objectionable,” or at the very least uncomfortable, for the doctor to initiate such a discussion. Tell us what you think on bmj.com.

Fiona Godlee, editor, *BMJ*
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With that in mind we are looking to recruit a reader panel that will help shape our editorial plans by giving us regular feedback on the relevance, usefulness, and interest of the content we publish. The feedback will be collected via an online survey tool, which will be designed to be quick and simple to complete.

We anticipate that the panel will operate for at least

six months and would hope that volunteers will be able to contribute most weeks. For those who stay the course there will be a small thank you, but we would prefer that you put your name forward because you want to help make the *BMJ* even better rather than to make your fortune.

At this stage we are seeking volunteers, so if you are interested please email the publisher, Phil Johnson, at: pjohnson@bmj.com with the information shown right.



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